

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		31	3/21/98
<b>FORMALITY REVIEW</b>	K.N.	71477	3/3/98

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	06/25/90
2	-	-	01/10/94
3	-	-	01/29/94
4	-	-	03/03/94
5	-	-	02/23/94
6	-	-	02/23/94
7	-	-	02/23/94
8	-	-	02/23/94
9	-	-	02/23/94
10	-	-	02/23/94
11	-	-	02/23/94
12	✓	✓	02/23/94
13	✓	✓	02/23/94
14	✓	✓	02/23/94
15	✓	✓	02/23/94
16	✓	✓	02/23/94
17	✓	✓	02/23/94
18	✓	✓	02/23/94
19	✓	✓	02/23/94
20	✓	✓	02/23/94
21	✓	✓	02/23/94
22	✓	✓	02/23/94
23	✓	✓	02/23/94
24	✓	✓	02/23/94
25	✓	✓	02/23/94
26	✓	✓	02/23/94
27	✓	✓	02/23/94
28	✓	✓	02/23/94
29	✓	✓	02/23/94
30	✓	✓	02/23/94
31	✓	✓	02/23/94
32	✓	✓	02/23/94
33	✓	✓	02/23/94
34	✓	✓	02/23/94
35	✓	✓	02/23/94
36	✓	✓	02/23/94
37	✓	✓	02/23/94
38	✓	✓	02/23/94
39	✓	✓	02/23/94
40	✓	✓	02/23/94
41	✓	✓	02/23/94
42	✓	✓	02/23/94
43	✓	✓	02/23/94
44	✓	✓	02/23/94
45	✓	✓	02/23/94
46	✓	✓	02/23/94
47	✓	✓	02/23/94
48	✓	✓	02/23/94
49	✓	✓	02/23/94
50	✓	✓	02/23/94

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)